

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$48.00 for date of service, 01/29/02.
- b. The request was received on 08/08/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA(s)
  - c. EOB/TWCC 62 forms/Medical Audit summary
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 09/20/02. The Respondent did not submit a response to the request. The "No Carrier 14 Day Response Found" sheet is reflected in Exhibit II of the Commission's case file.
3. Notice of "A letter Requesting Additional Information" is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 08/26/02

"The carrier denied payment stating MAR reduction, due to an OMT being performed on the same date of service. (Requestor) is a D.O. and is allowed to perform and bill for an office visit and an OMT on the same date of service."
2. Respondent: No response statement

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 01/29/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$53.00 for services rendered on the date above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date above and denied reimbursement as "D – DUPLICATE BILL"
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$48.00 for services rendered on the date of service in dispute above.
6. The Carrier did not respond to the provider's request for dispute resolution.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
01/29/02	99213 MP	\$53.00	\$0.00	D	\$48.00	TWCC Rule 133.304 (c); CPT Descriptor	TWCC Rule 133.304 states "The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)." The Carrier's EOB does not address or support their denial for CPT Code billed and the Carrier did not respond to the letter requesting additional information. Therefore, the Carrier has not supported their denial in accordance with TWCC Rule 133.304 (c). Reimbursement of <b>\$48.00</b> is recommended.
<b>Totals</b>		\$53.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$48.00</b> .

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$48.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 13th day of January 2003.

Denise Terry  
 Medical Dispute Resolution Officer  
 Medical Review Division  
 DT/dt